

**B. PATIENT REQUIRING REGULATION**

**Purpose:** The Patient Requiring Regulation (PRR) management program protects the health and safety of clients. It assures continuity of medical care and prevents duplication of services.

**WAC 388-501-0135 Patient requiring regulation.**

- (1) Patient requiring regulation (PRR) is a health and safety program for clients needing help in the appropriate use of medical services. A client in PRR is restricted to one primary care provider (PCP) and one pharmacy. Enrollment in the PRR program is for twenty-four months.
- (2) Any client of the department's medical programs is reviewed for assignment to PRR if:
  - (a) The client has:
    - (i) Made repeated and documented efforts to seek medically unnecessary health services; and
    - (ii) Been counseled at least once by a health care provider or managed care plan representative about the appropriate use of health care services; or
  - (b) Any three of the following conditions have been met or exceeded in a ninety-day period. The client: *[Ed. Note: The following letters are in the filed version of the WAC.]*
    - (a) Received services from four different physicians; or
    - (b) Had prescriptions filled by four different pharmacies; or
    - (c) Received ten prescriptions; or
    - (d) Had prescriptions filled by four different prescribers; or
    - (e) Used two emergency room (ER) visits.

- (3) If subsections (2)(a) or (b) of this section apply, then the client's use of medical services is reviewed by the department. The review considers the client's diagnoses, history of services provided, or other medical information supplied by the health care provider or managed care plan. The review is done by a nurse consultant, physician, or other qualified medical staff according to established medical review guidelines.
- (4) If the medical review finds that the client uses inappropriate or medically unnecessary services the client receives written notice which:
- (a) Asks the client to select a primary care provider and one pharmacy; and
  - (b) Notifies the client of their right to request a fair hearing within ninety days (see subsection (6) of this section); and
  - (c) Requires the client to respond within twenty days by:
    - (i) Selecting a primary care provider and pharmacy; or
    - (ii) Submitting additional medical information, which justifies the client's use of medical services; or
    - (iii) Writing or calling the PRR representative, who is identified in the PRR notice, requesting assistance; or
    - (iv) Requesting a fair hearing (see subsection (6) of this section).
- (5) A client who does not respond to the notice within twenty days is assigned to the PRR program. The department assigns the client to a PCP and pharmacy. The client may change the assigned PCP and pharmacy once within the initial sixty days. The assigned providers will be:
- (a) Located in the client's local geographic area; and
  - (b) Reasonably accessible to the client.
- (6) A client has ninety days to request a fair hearing. A client who requests a fair hearing within twenty days from the date they receive notice under subsection

(4) of this section will not be assigned to the PRR program until a fair hearing decision is made. A client who requests a fair hearing after twenty days may have been assigned a PCP and pharmacist. An assigned client will remain in PRR until a fair hearing decision is made.

- (7) When a PRR client chooses or the department assigns a PCP and pharmacy, the PCP and pharmacy requirements are:
- (a) A PCP supervises and coordinates medical care for the client. The PCP makes referrals for specialist care and provides continuity of care. A PCP must be:
    - (i) A physician who meets the criteria under WAC 388-87-007; or
    - (ii) An advanced registered nurse practitioner (ARNP) who meets criteria under WAC 388-87-007; or
    - (iii) A licensed physician assistant, practicing with a sponsoring supervising physician.
  - (b) A single pharmacy fills all prescriptions for the client. For fee for service clients the pharmacy must be contracted with MAA.
  - (c) For clients enrolled in a managed care plan, the pharmacy and PCP must be contracted with the client's managed care plan.
- (8) The PRR client's medical assistance identification card (MAID) will be marked in the "restricted" column.
- (9) A client in PRR cannot change their PCP or pharmacy for twelve months unless the:
- (a) Client changes to a residence outside the provider's geographic area; or
  - (b) PCP or pharmacy moves out of the client's geographical area; or
  - (c) PCP or pharmacy refuses to continue as the client's provider; or
  - (d) Client was assigned providers. The client may change the assigned providers once within sixty days of the initial assignment.

- (10) A PRR client enrolled in a managed care plan must select a PCP and pharmacy from those identified as available within their plan. In addition to the reasons given in subsection (9) of this section, the client may change a provider if the:
- (a) Chosen or assigned PCP or pharmacy no longer participates with their plan. The client may:
    - (i) Select a new PCP from the list of available PCPs provided by the plan; or
    - (ii) Transfer enrollment of all family members to the new department-contracted plan which the established PCP has joined.
  - (b) Client chooses a new plan during the managed care program's open enrollment period, which occurs during the twenty-four-month PRR enrollment period as defined in subsection (1) of this section.
- (11) After twenty-four months, a PRR client's use of services is reviewed. A client is removed from PRR if:
- (a) The billing records show the care received was reasonable and appropriate; or
  - (b) The PCP reports the services requested and received were reasonable and appropriate.
- (12) If the client is not removed from PRR under subsection (11) of this section, the client continues to be in PRR for an additional twelve months. After that twelve-period, the client is reviewed again according to subsection (11)(a) and (b) of this section.
- (13) Under the PRR program, MAA or the client's managed care plan will pay for only:
- (a) Those services authorized by the PCP, the PCP-referred specialist, or the pharmacist; or

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| <ul style="list-style-type: none"><li>(b) Emergencies services; or</li><li>(c) Family planning services; or</li><li>(d) Women's health care services. A client enrolled with a managed care plan must self-refer to providers within the plan's network.</li></ul> <p>The client may be responsible for payment of services not covered by the PRR program.</p> |
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**CLARIFYING INFORMATION FOR PRR PROGRAM**

1. CSO may be asked to issue a replacement card to client in the PRR Program. Replacement MAIDs must contain the XXX marked in the Restriction Column and the words "Client On Review." See Benefit Issuances for the example of the
2. CSO may receive a fair hearing request from the client regarding assignment to PRR. Please call MAA at 360-586-2039 or 360-753-2512 regarding PRR fair hearing requests.
3. The department issues the notice to the client when the client is assigned to PRR, when the medical review indicates the client overuses medical services, or uses medical services inappropriately or unnecessarily as determined by the department's review of the client's:
  - a. Medical records and other documents which indicate the client's use of medical services meets the criteria in subsection (8)(a) of this section or meets or exceeds three of the five guidelines under subsections (8)(b) through (f) of this section; and
  - b. Diagnoses, the history of services provided or other medical information supplied by the health care provider or managed care plan.
4. When a client has been enrolled in more than one managed care plan during the review period, the department obtains and evaluates the client's medical records and other documents from all department-contracted managed care plan(s) in which the client is or has been enrolled during the review period.

5. When the department designates a PCP and pharmacy for the client, the department is to issue all medical identification cards identifying the client as a patient requiring regulation. CSOs are requested to assist in this effort.

**WORKER RESPONSIBILITY**

Hold certified PRR mail that is returned to the CSO. Redirect benefits and give everything to the client at the earliest opportunity